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Spotlight

On Open Enrollment

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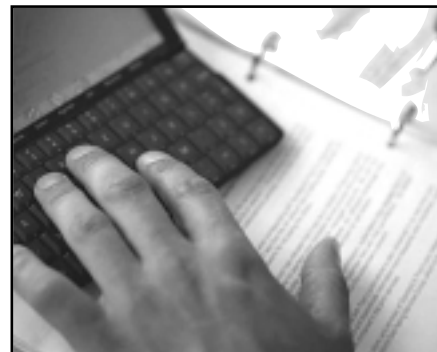
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Open Enrollment Begins April 15

For Health Benefits and Flexible Reimbursement Accounts

*Spring Open Enrollment is the time to **look carefully** at your personal and benefit information, and **then decide** what Health Benefits and/or Flexible Reimbursement Account (FRA) elections **are best for you**. It's important during Open Enrollment to:*

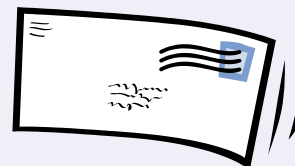


- **Review your Health Benefits Profile.** Visit the DHRM Web site at www.dhrm.virginia.gov and click on the EmployeeDirect link. Follow the easy online instructions to check your telephone number, e-mail and mailing addresses and information about your covered family members. **Be sure to update as needed.**
- **Decide whether to make changes to your Health Benefits election.** You may choose an available plan, add or drop additional coverage options (COVA Care members only), add or remove family members, make appropriate changes to your membership, waive coverage or enroll in a health plan if you are currently waived. **Remember, if you make no changes, you will remain in your current health benefits plan and membership.**
- **Enroll in a Medical and/or Dependent Care FRA if desired.** *Don't forget, you must enroll for the new plan year (July 1, 2005 – June 30, 2006), even if you now have an FRA.*
- **Submit all Open Enrollment actions by May 16.** It's easy to use EmployeeDirect to review your profile, submit elections on time without errors, keep a copy for your records and avoid keeping track of a paper form. **All elections take effect July 1, 2005.**

What to Expect for July 1

- **New Plan Identification (ID) Number.** To heighten security for health plan members, the Social Security Number (SSN) that now identifies you as a health plan member will be replaced by a new ID number. See page 10.
- **Health Benefits and FRAs.** There are no health benefit changes to the COVA Care plan or to the Kaiser Permanente HMO, which is offered in Northern Virginia only. See pages 4-5. New health premiums and FRA elections will be reflected in your first

paycheck after July 1. See pages 3, and 6-8.



Manage Your Health Benefits the Easy Way...Use EmployeeDirect!

What's Available

State employees have a number of health-related employee benefits. For health benefits, they may enroll in a statewide health plan or a regional HMO (in Northern Virginia only) for the fiscal year. There is a state contribution for full-time employees toward the total health plan monthly premium, and the employee portion of the premium is deducted from paychecks before taxes are paid. Part-time classified employees pay the total health plan premium, which may be deducted from paychecks on a pre-tax basis. For current monthly premiums and access to all employee benefits information, visit the DHRM Web site at www.dhrm.virginia.gov or see your agency Benefits Administrator.

COVA Care Statewide Plan

The COVA Care plan has separate administrators for different benefits:

- **Anthem** – Medical
- **Delta Dental** – Dental
- **Medco** – Prescription Drug
- **ValueOptions** – Behavioral Health and EAP

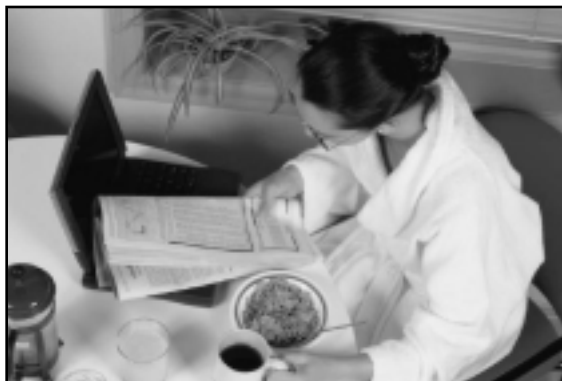
You may also select, at an extra cost to you, additional options that offer enhanced coverage for dental, out-of-network, vision and hearing services.

Kaiser Permanente Regional HMO

The Kaiser Permanente regional HMO has a service area that includes Northern Virginia, Washington, D.C. and parts of Maryland. It is available to employees who live or work in Northern Virginia. You must use HMO participating providers (except in an emergency) and choose a PCP for each enrolled family member.

Employee Wellness Program

The CommonHealth wellness program is available to all employees eligible for health benefits. State agencies that participate in CommonHealth can choose from more than 40 different health promotion services, including on-site health screenings, and fitness and stress management. The **Baby Benefits** prenatal care program is designed to promote a healthy pregnancy and prevent premature birth. It is offered through the CommonHealth program to employees enrolled in the health benefits program.



Flexible Reimbursement Accounts (FRAs)

By enrolling in a **Medical FRA**, you can set aside part of your salary on a pre-tax basis each pay period to pay for the out-of-pocket medical, dental and vision care

expenses not paid by your health benefits plan. A **Dependent Care FRA** allows you to set aside part of your salary on a pre-tax basis each pay period to reimburse eligible expenses incurred for the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so that you (and your spouse) can work or actively look for work.



Long-Term Care Insurance

The Commonwealth of Virginia offers long-term care insurance to eligible state employees, retirees, and certain family members through Aetna Life Insurance Company. For more information, visit the DHRM Web site or the Virginia Retirement System Web site at www.varetire.org.

Open Enrollment 2005 Open Enrollment 2005 Open Enrollment 2005

Employee Monthly Premiums – Effective July 1, 2005

Employee, Employee on Military Leave, VSDP Short-Term Disability: Pays the Employee amount

Retiree Group Not Eligible for Medicare (Retirees, Survivors, VSDP Long-Term Disability): Pays the Total Premium (VRS-administered health insurance credit may apply)

Part-time Classified Employee: Pays the total premium

Available Statewide	Single (You Only)	Plus One (You and One Family Member)	Family (You and Two or More Family Members)
COVA Care Health Plan (includes basic dental)			
Employee Pays	\$36	\$90	\$127
State Pays	<u>\$340</u>	<u>\$606</u>	<u>\$889</u>
Total Premium	\$376	\$696	\$1,016
Additional Coverage Options			
COVA Care Plus Out-of-Network			
Employee Pays	\$45	\$102	\$143
State Pays	<u>\$340</u>	<u>\$606</u>	<u>\$889</u>
Total Premium	\$385	\$708	\$1,032
COVA Care Plus Expanded Dental			
Employee Pays	\$47	\$112	\$161
State Pays	<u>\$340</u>	<u>\$606</u>	<u>\$889</u>
Total Premium	\$387	\$718	\$1,050
COVA Care Plus Vision, Hearing and Expanded Dental			
Employee Pays	\$55	\$126	\$179
State Pays	<u>\$340</u>	<u>\$606</u>	<u>\$889</u>
Total Premium	\$395	\$732	\$1,068
COVA Care Plus Out-of-Network and Expanded Dental			
Employee Pays	\$56	\$124	\$177
State Pays	<u>\$340</u>	<u>\$606</u>	<u>\$889</u>
Total Premium	\$396	\$730	\$1,066
COVA Care Plus Out-of-Network and Vision, Hearing and Expanded Dental			
Employee Pays	\$64	\$138	\$195
State Pays	<u>\$340</u>	<u>\$606</u>	<u>\$889</u>
Total Premium	\$404	\$744	\$1,084
Available In Northern Virginia Only			
Kaiser Permanente			
Employee Pays	\$36	\$89	\$125
State Pays	<u>\$335</u>	<u>\$597</u>	<u>\$877</u>
Total Premium	\$371	\$686	\$1,002

Manage Your Health Benefits the Easy Way...Use EmployeeDirect!

Open Enrollment 2005 Health Benefits At-A-Glance

COVA Care Plan COVA Care Basic			Kaiser Permanente HMO (Northern Virginia Only)	
Benefit	You Pay In-Network	Administrator	Benefit	You Pay In-Network
Plan Year Deductible (July 1–June 30)	\$200 per person; \$400 per family	Anthem and/or ValueOptions	<ul style="list-style-type: none"> You must live or work in the Kaiser service area to enroll. You must select a primary care physician (PCP). 	
Out-of-Pocket Expense Limit	\$1,500 per member \$3,000 per family	Anthem and/or ValueOptions		
Doctor's Visits <i>Outpatient:</i> <ul style="list-style-type: none"> Primary care physician Specialist <i>Inpatient:</i> <ul style="list-style-type: none"> Primary care physician Specialist 	\$25 \$35 \$0 \$0	Anthem and/or ValueOptions	Doctor's Visits <i>Outpatient:</i> <ul style="list-style-type: none"> Primary care physician Specialists <i>(Specialist visits require a PCP referral)</i>	\$10 \$10
Hospital Services <i>Inpatient</i> <i>Outpatient</i>	\$300 per stay \$100 per visit	Anthem and/or ValueOptions	Hospital Services <i>Inpatient</i> <i>Outpatient</i>	\$100 per admission \$10 per visit
Emergency Room Visits <i>Facility Services</i> <i>Professional Providers:</i> <ul style="list-style-type: none"> Primary care physician Specialist 	\$100 per visit \$25 \$35	Anthem and/or ValueOptions	Emergency Room Visits <i>ER Facility Services</i> <i>Urgent Care Center</i>	\$50 (waived if admitted) \$10
Diagnostic laboratory, tests, shots and x-rays	10% coinsurance after deductible	Anthem and/or ValueOptions	Diagnostic laboratory, tests, shots and x-rays	\$10 physician, x-ray, and diagnostic services \$0 lab, path, radiology, diagnostic testing
Routine gynecological exam <i>Annual exam and tests:</i> <ul style="list-style-type: none"> Primary care physician Specialist Preventive tests (pap, mammography) 	\$25 \$35 10% coinsurance, no deductible	Anthem	Routine gynecological exam <i>Exam and tests (no referral needed):</i> <ul style="list-style-type: none"> Primary care physician Preventive tests (pap, mammography) 	\$10 \$0
Routine wellness care (7 and older) <i>Annual checkup visit:</i> <ul style="list-style-type: none"> Primary care physician Specialist <i>Routine lab, tests, shots and x-rays (plan pays up to \$200 per member per year)</i>	\$25 \$35 10% coinsurance, no deductible	Anthem	Routine wellness care (5 and older) <i>Periodic checkup:</i> <ul style="list-style-type: none"> Primary care physician 	\$10
Routine well child care (to age 7) <ul style="list-style-type: none"> Primary care physician Specialist <i>Routine lab, tests, and x-rays</i>	\$25 \$35 10% coinsurance, no deductible	Anthem	Routine well child care (under age 5) <ul style="list-style-type: none"> Primary care physician 	\$0
Prescription Drugs—three-tier <i>Participating Retail Pharmacy: Per 34-day supply</i> <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 <i>Home Delivery Pharmacy: Per 90-day supply</i> <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 	\$15 \$20 \$35 \$30 \$40 \$70	Medco	Prescription Drugs <i>Generic (brand covered only when generic unavailable or prescribed by physician):</i> <ul style="list-style-type: none"> Kaiser On-Site Pharmacy Community Pharmacy Mail Service 	Up to 60-day supply \$10 \$20 Up to 90-day supply \$8

Open Enrollment 2005 Health Benefits At-A-Glance

COVA Care Plan COVA Care Basic			Kaiser Permanente HMO (Northern Virginia Only)		
Benefit	You Pay In-Network	Administrator	Benefit	You Pay In-Network	
Behavioral Health and Employee Assistance Program		ValueOptions	Behavioral Health and Substance Abuse		
<i>Inpatient Facility</i>	\$300 per stay		<i>Inpatient Facility</i>	\$100 per admission	
<i>Outpatient Facility</i>	\$100		<i>Outpatient Professional</i>	\$10	
<i>Outpatient Professional</i>	\$35		<i>EAP (up to 4 visits per incident)</i>	\$0	
<i>EAP (up to 4 visits per incident)</i>	\$0		<i>(Coordinate care with Plan, not primary care physician)</i>		
Basic Dental Services		Delta Dental	Dental Services		
<i>Plan pays up to \$1,200 per member per plan year</i>			<i>Plan pays per member per plan year up to \$1,000</i>		
<ul style="list-style-type: none">• Diagnostic and preventive (oral exam, cleanings)	\$0		<i>Dental HMO (DHMO), \$500</i>		
<ul style="list-style-type: none">• Primary (fillings, periodontal, root canals)	20% coinsurance, no deductible		<i>Out-of-Network (OON)</i>		
				<u>DHMO</u>	<u>OON</u>
			<ul style="list-style-type: none">• Annual deductible	\$0	\$25
			<ul style="list-style-type: none">• Diagnostic and preventive	0%	25%
			<ul style="list-style-type: none">• Basic services	20%	40%
			<ul style="list-style-type: none">• Major services	50%	60%
			<ul style="list-style-type: none">• Ortho (19 and under), \$1,000 lifetime max	50%	not covered

COVA Care Additional Coverage Options Benefit	Who Pays	Administrator
Out-of-Network (May be combined with Expanded Dental or Vision, Hearing and Expanded Dental) Applies to Medical and Behavioral Health Services	Plan payment is reduced by 25%. You pay applicable deductible, copayment and/or coinsurance. Provider may balance bill for amount above allowable charge.	Anthem and/or ValueOptions
Expanded Dental (May be combined with Out-of-Network) Plan pays up to \$1,500 per member per plan year for Basic and Expanded Dental Services		Delta Dental
• Complex Restorative (inlays, onlays, crowns, dentures, bridgework)	You pay 50% coinsurance, no deductible	
• Orthodontic (\$1,200 lifetime max per member)	You pay 50% coinsurance, no deductible	
Vision, Hearing and Expanded Dental (May be combined with Out-of-Network)		
Vision		Anthem
• Routine eye exam (once every 24 months)	You pay \$35	
• Eyeglass frames (one set every 24 months)	Plan pays up to \$75	
• Lenses (every 24 months)		
• One pair single lenses, or	Plan pays up to \$50	
• One pair bifocal lenses, or	Plan pays up to \$75	
• One pair trifocal lenses, or	Plan pays up to \$100	
• Contact lenses (any kind)	Plan pays up to \$100	
Hearing		Anthem
• Routine hearing exam (once every 48 months)	You pay \$35	
• Hearing aids and other hearing aid related services (\$1,200 benefit maximum every 48 months)	You pay \$0	
Expanded Dental (see above)		Delta Dental

New Plan Year For Flexible Reimbursement Accounts Begins July 1, 2005

Your FRA plan year is July 1, 2005 – June 30, 2006 for Medical Expense Flexible Reimbursement (MFRA) and Dependent Care Flexible Reimbursement (DFRA) accounts. See page 12 for how to enroll in an FRA. The chart below gives more details on your election, how much you can contribute and who to contact for information.

About Your FRAs

FRA Election and Open Enrollment Period

- FRAs will not automatically renew. If you want to enroll in an FRA for July 1, 2005 – June 30, 2006, you must do so during Open Enrollment (April 15 – May 16, 2005).
- Your FRA election (the dollar amount you set aside) is for the plan year beginning July 1, 2005.

Who is Eligible

- **Dependent Care FRA:** All employees who are eligible to participate in the State Health Benefits Program may participate in a Dependent Care FRA.
- **Medical Expense FRA:** All employees who have been eligible to participate in the State Health Benefits Program for six continuous months may participate in a Medical Expense FRA.

Contribution to an MFRA:

- **Minimum:** \$10 each pay period
- **Maximum:** up to \$5,000 per plan year

Contribution to a DFRA:

- **Minimum:** \$10 each pay period
- **Maximum:** up to \$5,000 per plan year, depending on how you file your taxes (see the *Flexible Benefits Program Sourcebook*)

Filing Period

- You have a three-month grace period at the end of the plan year to file for reimbursement of all eligible expenses incurred during your period of coverage within the plan year.

No Election Changes after Open Enrollment

- Your FRA Open Enrollment election and contribution are binding:
 - You may not change your FRA election amount until the next FRA Open Enrollment unless you experience a qualifying mid-year event consistent with your requested change. See the Flexible Benefits Program page on the DHRM Web site at www.dhrm.virginia.gov.

Who To Contact With Questions

- For questions on FRA Open Enrollment, program eligibility or making changes, see your agency Benefits Administrator.
- For questions about your FRA claims or reimbursable expenses, contact the administrator of your Flexible Reimbursement Accounts, Fringe Benefits Management (FBMC).
- For more on FRAs, including who may enroll and what expenses may be reimbursed, see the *Flexible Benefits Program Sourcebook*. The sourcebook is available from your Benefits Administrator or on the DHRM Web site at www.dhrm.virginia.gov.

FRA Facts to Keep In Mind

- **Use Your Money.** You must use all of the money in your 12-month plan year account by June 30. It cannot be carried over into the next plan year.



- **Don't Lose Your Funds.** If you don't file for reimbursement on time, you will lose the remaining money in your accounts.
 - **For an FRA ending June 30, 2005,** you must file for reimbursement by September 30, 2005.
 - **For an FRA ending June 30, 2006,** you have until September 30, 2006 to file for reimbursement.
- **No Transfer.** Money cannot be transferred between the two accounts or between plan years.
- **Consider the IRS Calendar Year Limit for Dependent Care FRAs.** If you enroll in a Dependent Care FRA for the plan year beginning July 1, 2005, carefully evaluate your elections to ensure they remain within the Internal

Revenue Service (IRS) limits. You cannot exceed the calendar year maximum established by the IRS for a Dependent Care FRA.

- **Reimbursement rules differ according to the type of FRA:**
 - For a Medical Reimbursement Account, you may be reimbursed as expenses occur.
 - For a Dependent Care Reimbursement Account, your payroll contribution must be received and posted before you can be reimbursed.
- **Getting Reimbursed.** Reimbursements are issued within 5 working days from the time FBMC receives a complete reimbursement request.

Fax or send Reimbursement Request Forms to:

Fax: (850) 425-4608

Contract Administrator
Fringe Benefits Management
Company
P.O. Box 1800
Tallahassee, FL 32302-1800



Important! If you enroll in an FRA for the new plan year be sure to ask your Benefits Administrator for a Flexible Benefits Program Sourcebook or visit the DHRM Web site at www.dhrm.virginia.gov under Compensation and Benefits, Flexible Benefits Program.

Women's Health and Cancer Rights

In the case of a participant who is receiving benefits under the state's health benefits plan in connection with a mastectomy, and elects breast reconstruction, the coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and physical complications during all stages of the mastectomy



FRA Worksheets

Decide How Much To Deposit

The following worksheets may help you determine how much to deposit in your FRA. Calculate the amount you expect to pay for eligible, out-of-pocket medical and/or dependent care expenses during the plan year. This calculated amount cannot exceed established IRS guidelines for calendar or plan year limits. (Refer to the individual FRA descriptions and "Enrollment at a Glance" in the *Flexible Benefits Program Sourcebook* for limits). Be conservative in your estimates, since you will lose any money remaining in your accounts.

TAX-FREE MEDICAL EXPENSE WORKSHEET

Estimate your eligible, out-of-pocket medical expenses for the plan year.

YOUR MEDICAL, DENTAL AND VISION EXPENSES

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SUBTOTAL

Estimated eligible medical expenses for your period of coverage during the plan year. = \$ _____

DIVIDE

by the number of pay periods during the plan year* ÷ _____

This is your pay period contribution (In whole dollar amounts only) = \$ _____

TAX-FREE DEPENDENT CARE WORKSHEET

Estimate your eligible dependent care expenses for the plan year.

NUMBER OF WEEKS

you will have dependent (child, adult or elder) care expenses during the plan year.

Remember to subtract holidays, vacations, and other times you may not be paying for eligible child, adult or elder care.

= _____

MULTIPLY

by the amount of money you expect to spend each week. x \$ _____

SUBTOTAL

= \$ _____

DIVIDE

by the number of pay periods during the plan year * ÷ _____

This is your pay period contribution (In whole dollar amounts only) = \$ _____

* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year based on the effective date.

Your FRA checks may be deposited into your checking or savings account by enrolling in Direct Deposit. Contact FBMC.

Glad You Asked...

Question. Is oral surgery covered under my COVA Care medical or dental plan?

Answer. Oral surgery and certain *non-routine* dental services are covered under your Anthem medical plan. Oral surgery includes surgical removal of impacted teeth and treatment of medically diagnosed cleft lip, cleft palate, or ectodermal dysplasia. A health service review is recommended prior to an oral surgery procedure. Routine dental services, including simple extraction of *non-impacted* teeth, are covered under your dental plan through Delta Dental. A pre-treatment estimate is recommended by Delta for any high dollar routine dental services. Refer to pages 20-21 and 30 of your COVA Care member handbook for details.

Question. Under the Employee Assistance Program, am I entitled to four visits free of charge?

Answer. The Employee Assistance Program (EAP) under COVA Care and Kaiser Permanente provides *up to* four counseling sessions per incident free of charge. Your behavioral health provider will determine the number of sessions that are appropriate for your care. Contact ValueOptions for more information.

Question. I am getting ready to travel out of the country. How do I request early refills of my prescription drugs?

Answer. If you will be away from home for an extended period of time, you may request one or more refills of your medication. Participating retail pharmacies and the Medco by Mail™ home delivery pharmacy service can provide one early refill (up to a 34-day or 90-day supply, as appropriate) to accommodate your travel. However, for an extended travel period, send a request to DHRM by e-mail at hbp@dhrm.virginia.gov or fax to (804) 371-0231. DHRM will evaluate your needs and approve all valid requests. Allow at least two to three weeks to process your request.

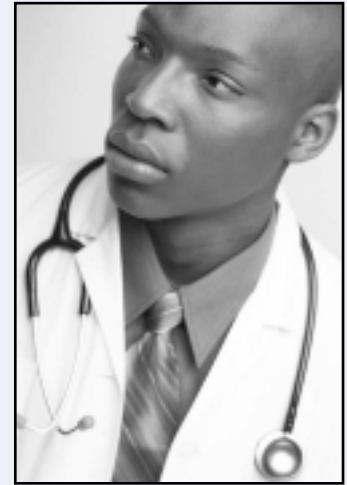


Question. Do I need to submit a Social Security Number for a newborn baby before he/she will be covered by my health plan?

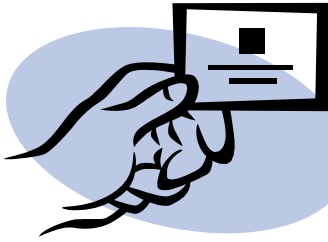
Answer. Newborns may be temporarily added to the State Health Benefits Program's Benefits Eligibility System by your Benefits Administrator using a random number sequence in place of the newborn's pending SSN. However, an SSN must be provided within 90 days. In general, SSNs for newborns are automatically generated based on paperwork submitted by the hospital at birth. This may take as long as two months to process. **Remember, you must add your newborn to your health coverage within 31 days of birth.**

Question. How do I know that my changes have been made in EmployeeDirect?

Answer. EmployeeDirect will confirm your changes in one of two ways. Either it approves your request right away with a confirmation number displayed on your updated Health Benefits Profile, or it refers your request to your Benefits Administrator for additional review. Before updating your Health Benefits Profile, your Benefits Administrator may ask you for supporting documents.



Look Closely at Your Plan ID Number in June!



COVA Care members will be assigned new, system-generated ID numbers and receive new plan ID cards in mid-to-late June. Assigning a number other than an SSN will

provide greater security for members and lessen the chance of identity theft. COVA Care members also will receive a Notification of Changes to the 2004 COVA Care Member Handbook. It will be available in late June from your Benefits Administrator and on the DHRM Web site at www.dhrm.virginia.gov.

Kaiser Permanente plan members have had a system-generated number assigned as an ID number for many years. They will not receive new cards in 2005.

Be sure we have your current name and address for the ID card mailing. You can change your name and/or address using EmployeeDirect or notify your Benefits Administrator.

Contact your Benefits Administrator right away if any personal or card information is not accurate.



Employee Assistance Program Adds Resolving Identity Theft

State employees now have another resource to counter the fast growing crime of identify theft, which already has victimized one out of every five Americans, or a member of their family. The COVA Care health plan's Employee Assistance Program administered by ValueOptions, Inc. has a new program to help members resolve fraud-related issues when time is not on their side.



If you are a victim of identity theft, call the EAP toll-free number at **1-866-725-0602** or go to the ValueOptions Web site. You will receive a 30-minute free consultation with a fraud resolution specialist and help restoring your identity and good credit. You will also learn what preventive steps to take to insure that you are not victimized again.

DHRM Web Site Has What You Need!

Would you like to preview your benefits and premiums for July 1, 2005?

You'll find this information and much more on the DHRM Web site at www.dhrm.virginia.gov. Visit the Compensation and Benefits link.



Health Plan Update

Certain Expenses and Limits Start Over

Your COVA Care plan year deductible and out-of-pocket expense limit for medical and behavioral health services, and your dental maximum, start over with the new health plan year on July 1. Remember that any portion of your medical and behavioral health deductible that you met during the last quarter of the current plan year (April – June) will be applied to your deductible for the new plan year.

Making Changes Outside Open Enrollment

Beginning July 1, if you experience a qualifying mid-year event that allows you to make a change outside Open Enrollment:

For Health Coverage: You may now change your plan, membership and additional coverage options. Previously, you could only change your membership.

For FRAs: You may make or change your FRA election if you experience a consistent qualifying mid-year event.



You may make an election immediately for a Dependent Care FRA, but be sure you have met the six-month enrollment waiting period before making a Medical FRA election.

To view a list of qualifying mid-year events, such as marriage, divorce or birth of a child, visit

the Enrolling and Making Changes link on the DHRM Web site under Compensation and Benefits, Health Benefits, For Employees.

Special Note About Moving From Full-Time to Part-Time Employment or Vice Versa:

You may make a change in your plan, membership and additional coverage options within 31 days of the event.

When to Request a Privacy Notice

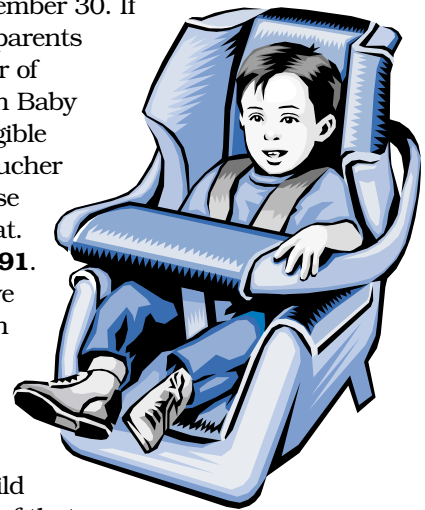
If you enroll in the COVA Care health plan and/or elect an FRA for the first time, ask your Benefits Administrator for a HIPAA Privacy Notice.

Child Safety Seat Voucher Available to Baby Benefit Participants

Baby Benefits is combining prenatal education and intervention with child safety in a special offer that runs through September 30. If

you are expectant parents in the first trimester of pregnancy, enroll in Baby Benefits and be eligible to receive a \$30 voucher toward the purchase of a child safety seat. Call **1-800-828-5891**.

Enrolling could save you a lot more than \$30. It could save your baby's life.



Provide proof of purchase of the child safety seat and proof that you have been properly trained on how to install the seat and secure a child in the seat. A National Highway Traffic Safety Administration (NHTSA) trained child passenger safety technician must show expectant parents how to install the child safety seat at no cost. A statewide listing of technicians may be found on the VDH Web site at www.vahealth.org/civp/safetyseat/inspections.asp or by calling **1-800-732-8333**.

The program was developed in cooperation with the Virginia Department of Health and the Virginia Department of Motor Vehicles.

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To Make Health Coverage Changes or Enroll in a Flexible Reimbursement Account (FRA)

Online: Visit the DHRM Web site at www.dhrm.virginia.gov and click on the **EmployeeDirect** link. Follow the online instructions.

OR

Paper: Submit the Health Benefits Enrollment Form for Active Employees or a separate FRA election form for FRA enrollment to your Benefits Administrator by May 16, 2005.



Who To Contact With Questions

Links to all benefit Web sites may be found on the DHRM Web site at www.dhrm.virginia.gov under Compensation and Benefits, or contact your Benefits Administrator.

HEALTH PLANS	CONTACT
COVA Care Medical, Vision and Hearing <i>Anthem Blue Cross and Blue Shield</i>	(804) 355-8506 in Richmond or toll-free 1-800-552-2682 outside Richmond
COVA Care Behavioral Health and Employee Assistance Program (EAP) <i>Value Options, Inc.</i>	Toll-free 1-866-725-0602
COVA Care Dental Benefits <i>Delta Dental Plan of Virginia</i>	Toll-free 1-888-335-8296
COVA Care Prescription Drug Program <i>Medco Health Solutions, Inc.</i>	Toll-free 1-800-355-8279
Kaiser Permanente HMO <i>Kaiser Foundation Health Plan of the Mid-Atlantic States</i>	(301) 468-6000 in Washington, D.C.; Toll-free 1-800-777-7902 outside Washington, D.C.
FLEXIBLE BENEFITS	CONTACT
<i>Fringe Benefits Management Company</i>	Toll-free 1-800-342-8017. Interactive Benefits Information Line: Toll-free 1-800-865-FBMC (3262)
LONG-TERM CARE INSURANCE	CONTACT
<i>Aetna Life Insurance Company</i>	Toll-free 1-877-894-2470
RETIREMENT, LIFE INSURANCE AND VSDP	CONTACT
<i>Virginia Retirement System</i>	(804) 649-8059 in Richmond or toll-free 1-888-827-3847 outside Richmond

Important Note: The information in this newsletter is only an overview. Details on your health coverage and FRAs may be found in the appropriate member handbook and/or Flexible Benefits Program Sourcebook, or on the Web at www.dhrm.virginia.gov.

